

# Walter A. Schultz Memorial

*Registered Nurse Scholarship Program  
Sponsored by 40 et 8, Voiture 99, Clark County*



APPLICATION DEADLINE - CONTINUOUS

## Eligibility

- Students must be enrolled in the RN program at Clark College.  
(Note: Students who are working on prerequisites for the program are not eligible.)
- Students must have a minimum GPA of 2.5 and maintain Satisfactory Academic Progress.

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## Basis of Selection:

- The student must meet all eligibility requirements listed above.
- Students must provide appropriate information regarding individual financial need.  
Confirmation of submitted information may be required through the Financial Aid Office.
- A one to two page **typed** response to educational and career goals must clearly answer question 19, A and B on the application.
- Two letters of recommendation are required.

**Completed applications must be returned to the Clark College Scholarship Office in Gaiser Hall. Please return applications by the fifth week of your first quarter or any time during subsequent quarters in the program.**

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## Mechanics of Award:

All applicants will be notified, whether or not they receive the award, via their Clark student email. Be sure to provide your Clark student email in your application, as it will be our most common form of communication. Applicants who are selected as recipients of the Walter A. Schultz Memorial Scholarship must accept his/her award by turning in a **Thank you letter** to the Clark College Scholarship Office located at 1933 Fort Vancouver Way Vancouver, WA 98663. (Please note that the scholarship office will determine a deadline for the award to be accepted). The recipients will continue to receive the award each quarter as long as they are attending the Clark College RN or Dental Hygiene Program, and maintain Satisfactory Academic Progress as defined by the Financial Aid Guidelines. Lastly, before graduating their program, award recipients must submit a final letter explaining what benefits the scholarship award provided for them.

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Place  
photo  
here  
(Optional)

# Application

Application must be typed or printed legibly.

## Personal Information

1. Full Legal Name \_\_\_\_\_  
Last First Middle Initial
2. Clark ID \_\_\_\_\_
3. Permanent Mailing Address \_\_\_\_\_  
City State Zip
4.  Male  Female
5. Clark Student Email: \_\_\_\_\_
6. Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_
7. Phone Number \_\_\_\_\_ 8. Cell Number \_\_\_\_\_
9.  U.S. Citizen
10. Are you a veteran or related to a veteran?  YES  NO  
If yes, describe your relation: \_\_\_\_\_

## Financial Information

11. Income you earned last year (include summer) \_\_\_\_\_
12. Savings \_\_\_\_\_
13. Total family income based on Federal Income Tax filed previous year: \_\_\_\_\_
14. Number of people living in your home: \_\_\_\_\_
15. How many dependents are living with you? \_\_\_\_\_

## Educational Information

16. Cumulative GPA: \_\_\_\_\_
17. Quarter you are currently enrolled in the Clark College Nursing Program: \_\_\_\_\_
18. Anticipated Clark College Nursing Program completion date: (pinning ceremony date)  
Quarter: \_\_\_\_\_ Year: \_\_\_\_\_

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## Educational and Career Goals

**19.** Please attach a one or two page **TYPED** response to the following:

- A.** Explain your educational goals and what qualifications, skills, and talents you feel you have for this field. Relate your accomplishments to your educational goals.
- B.** **Explain how you plan to finance your education.** Please include in this statement all resources, such as Financial Aid, parental assistance, income from work, etc. Also explain how you plan to finance your education if you do not receive scholarship funding.

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## Certification

I certify that the information contained in this application packet is correct. I agree to abide by the decisions of the Scholarship Committee and understand that the decisions of the Committee will be final and not open to contest. If awarded a scholarship for the Clark College Nursing Program, I understand that the scholarship funding is for use at Clark College. The Scholarship Committee has my authorization to forward my application on for further consideration and that if selected, my contact information can be released to the donors of any scholarships I receive. I authorize the Clark College Financial Aid Office to release my Clark College transcript to 40 et 8, Voiture 99 of Clark County. I agree that if selected as a scholarship recipient, my name can be used in newspaper and web advertising.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_